PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS. This appropriate. All further indicated unless correcte maintenance fee notifical	correspondence including d below or directed oth	or transm g the Pate erwise in	itting the ISSU ent, advance or Block 1, by (a	E FEE and PUBLIC ders and notification) specifying a new c	of m orrest	ondence address;	and/or	(b) indicating a sepa	nould be completed when correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
34845 7990 032592007 MCUINNESS & MANARAS LLP 125 NAGOG PARK ACTON, MA 01720						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmital is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope transmitted to the USPTO (571) 273-2855, on the date indicated before				
					\vdash	and Ch	nn	Mahoney	(Depositor's name)	
						Cawlann Manarey (Signature)				
					<u></u>)-1	0 07		
APPLICATION NO.				FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/753,080 12/29/2000			Robert J. Duncar							
TITLE OF INVENTION: METHOD AND APPARATUS FOR CLASSIFYING JAVA REMOTE METHOD INVOCATION TRANSPORT TRAFFIC										
APPLN. TYPE	SMALL ENTITY	SMALL ENTITY ISSUE FEE D		PUBLICATION FEE D		PREV. PAID ISSUE FE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1400	\$0		\$0		\$1400	06/29/2007	
EXAMINER		ART UNIT		CLASS-SUBCLASS	S					
PATEL, ASHOKKUMAR B		2154		709-217000						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.5/3). Change of correspondence address (or Change of Correspondence Address form PTOSB/122) attached. If "Fee Address' indication (or "Fee Address' Indication form PTOSB/47; New 03-02 or more recent) attached. Use of a Customer Number is required.				2 For printing on the patient front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (laving as a member a registered attorney or agent) and the names of up to listed, no name will be printed. 3						
(A) NAME OF ASSIG	ess an assignee is ident h in 37 CFR 3.11. Comp	ified belo oletion of	w, no assignee this form is NO		the pa	ntent. If an assign assignment. and STATE OR C	COUNT		ocument has been filed fo	
Please check the appropr	iate assignee category or	categorie	s (will not be pr	inted on the patent):		Individual 🗹 Co	orporati	on or other private gro	oup entity 🔲 Governmen	
4a Tby following feet(s) are submitted: 4b. Payment of Feet(s): (Please first reapply any previously paid issue fee shown above) 4b. Payment of Feet(s): (Please first reapply any previously paid issue fee shown above) 4b. Payment of Feet(s): (Please first reapply any previously paid issue fee shown above) 4b. Payment of Feet(s): (Please first reapply any previously paid issue fee shown above) 4b. Payment of Feet(s): (Please first reapply any previously paid issue fee shown above) 4b. Payment of Feet(s): (Please first reapply any previously paid issue fee shown above) 4b. Payment of Feet(s): (Please first reapply any previously paid issue fee shown above) 4b. Payment of Feet(s): (Please first reapply any previously paid issue fee shown above) 4b. Payment of Feet(s): (Please first reapply any previously paid issue fee shown above) 4b. Payment of Feet(s): (Please first reapply any previously paid issue fee shown above) 4b. Payment of Feet(s): (Please first reapply any previously paid issue fee shown above)										
5. Change in Entity Sta	tus (from status indicate is SMALL ENTITY state		CFR 1.27	☐ b Applicant is n	o lone	zer claiming SMAI	LL ENT	TTY status. See 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee an	d Publication Fee (if reo	uired) wil	I not be accepte	d from anyone other t					ne assignee or other party i	
Authorized Signature	H. lane	4n	4 De	/		Date	5	16/2007		
Typed or printed nam		G.	magui	iness				<i>3</i> 8549		
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	d application form to the ions for reducing this bu /irginia 22313-1450. DC	CFR 1.311 U.S.C. 12 USPTO. rden, shou O NOT SE	The information of the control of th	on is required to obtain 1.14. This collection of depending upon the e Chief Information COMPLETED FORM	n or n is est indiv Office AS TO	etain a benefit by t imated to take 12 idual case. Any co r, U.S. Patent and O'THIS ADDRESS	he publ minutes omment Traden S. SENI	ic which is to file (and to complete, includir s on the amount of ti- nark Office, U.S. Dep D TO: Commissioner	I by the USPTO to process ag gathering, preparing, an me you require to complet artment of Commerce, P.C for Patents, P.O. Box 1450	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE